

# **EXHIBIT 18**

**In the Matter Of:**

Hammons vs University of Maryland Medical System

1:20-cv-02088-DKC

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**MONICA BUESCHER, M.D.**

*March 21, 2022*

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MONICA BUESCHER, M.D.  
Hammons vs University of Maryland Medical System

March 21, 2022

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JESSE HAMMONS,

UNITED STATES DISTRICT  
COURT

Plaintiff

FOR THE DISTRICT OF  
MARYLAND

vs.

CASE NO.  
1:20-cv-02088-DKC

UNIVERSITY OF MARYLAND  
MEDICAL SYSTEM CORPORATION,  
et al.

Defendants

\_\_\_\_\_ /

The deposition of MONICA BUESCHER, M.D. was  
held on Monday, March 21, 2022 commencing at 9:02 a.m.  
Via Zoom before Eric Leichter, Notary Public.

REPORTED BY: Eric Leichter

1 APPEARANCES :

2  
3 ON BEHALF OF THE PLAINTIFF:

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1 Q Dr. Buescher, are there different ways of  
2 performing hysterectomies?

3 MS. VRABIE: Objection.

4 A There are different -- there are different  
5 techniques for performing hysterectomy.

6 Q And what sorts of different techniques are  
7 there?

8 A You can have an open laparotomy, which is a  
9 big incision, and do the hysterectomy directly. You can  
10 use a laparoscopic approach, which involves using a  
11 laparoscope and small wounds with the uterus being  
12 finally removed through the vagina. You can do a  
13 robotic hysterectomy, which is essentially a  
14 laparoscopic hysterectomy but using a robot as the  
15 vehicle for wielding the surgical instruments. And you  
16 can a vaginal hysterectomy, which is a direct  
17 hysterectomy through the vaginal approach.

18 Q In general, are hysterectomies performed as  
19 elective sterilization procedures?

20 A No.

21 Q Even outside of St. Joseph, hysterectomies

1 are never performed as elective sterilization  
2 procedures?

3 MS. VRABIE: Objection.

4 A They should not be --

5 THE WITNESS: Do I answer?

6 MS. VRABIE: Go ahead, Dr. Buescher. You  
7 can answer if you know.

8 A They should not be performed for elective  
9 sterilization because it's a major surgical procedure  
10 compared to a minor surgical procedure, which is  
11 typically used for elective sterilization.

12 Q In your experience at St. Joseph, are  
13 hysterectomies ever performed as elective sterilization  
14 procedures?

15 A No.

16 Q And concerning elective sterilization, what  
17 sorts of minor procedures would be more appropriate?

18 A For women, you're asking?

19 Q Correct. Yes.

20 A For women, some form of tubal fallopian  
21 tube interruption is used. And typically, that is done

1 her uterus is turning her vagina inside out; neoplasia,  
2 whether it's a premalignant lesion or a malignant  
3 lesion. I already alluded to pain during the menstrual  
4 cycle. That's most of it.

5 Q So is there anything else you can think of  
6 that would be a medically necessary reason?

7 A I would have to sit down and make a list.  
8 Not off the top of my head. I'm sure there are others.

9 Q Now, returning to excessive or abnormal  
10 menstruation, are surgeons allowed to perform  
11 hysterectomies to treat excessive or abnormal  
12 menstruation at SJMC?

13 A Yes.

14 Q And generally speaking, would you say that  
15 excessive or abnormal menstruation is a life-threatening  
16 condition?

17 A It can be. Most of the time it's not.

18 Q In what circumstances? In what  
19 circumstances? Sorry. Did you say, most of the time,  
20 it's not?

21 A I'd say most of the time, it's not. Most

1 -- what would make it life-threatening is the need for  
2 transfusion. We would like to keep that from ever  
3 happening. So if a woman requires transfusion and then  
4 goes to hysterectomy, we're a little late in the  
5 ballgame there.

6 Q If you're in a situation where the woman  
7 needs a transfusion, would you say that's a situation  
8 where, if the hysterectomy is not performed immediately,  
9 the patient will die?

10 A I -- I will answer that, but you do realize  
11 in medicine, we avert things like patients dying. So  
12 it's done before it can ever get to that point.

13 Q Understood. Would you say it is a common  
14 occurrence that a patient -- strike that. We just -- we  
15 just discussed that a hysterectomy to treat a excessive  
16 or abnormal menstruation could be life-threatening --  
17 could be considered a life-threatening condition if that  
18 patient is in immediate need of a transfusion. Right?

19 A Correct.

20 MS. VRABIE: Objection.

21 Q Would you say that's a common occurrence in



1 hysterectomies to treat excessive or abnormal  
2 menstruation involves the removal of healthy tissue?

3 A No.

4 Q In what way do they not involve the removal  
5 of healthy tissue?

6 A A uterus that is bleeding enough to create  
7 a iron deficiency or anemia circumstance or is not a  
8 healthy organ that has pathology attached to it.

9 Q Now Dr. Buescher, we -- you -- we discussed  
10 also hysterectomies that were performed for medically  
11 sufficient reasons. Right?

12 A Yes.

13 MS. VRABIE: Objection.

14 Q And what would you -- what would you say  
15 are some of those medically sufficient reasons?

16 A This would be in my personal opinion as a  
17 treating --

18 Q Yes.

19 A -- physician.

20 Q Yes, Dr. Buescher.

21 A I think if a woman is losing time from work

1 because of circumstances that her uterus is imposing  
2 upon her is a sufficient reason. So quality-of-life  
3 issues.

4 Q And -- and so in -- in a circumstance where  
5 a woman were missing work because of -- is -- would that  
6 be sort of due to pelvic pain, that sort of issue?

7 A It could be due to pain.

8 Q What else could it be due to?

9 A It could be because her periods are so  
10 heavy that she can't get out of her house without  
11 soiling her clothing in less than an hour to two hours.

12 Q But that sort of heavy -- heavy menstrual  
13 bleeding -- do you see a distinction between that and  
14 the excessive menstruation you were just discussing?

15 MS. VRABIE: Objection.

16 A If you mean whether it can be quantified by  
17 a presence of anemia or iron deficiency, yes. There may  
18 be times where a woman is keeping up with her blood loss  
19 in terms of her physiology but she still can't get out  
20 of the house on one or two days of her menstrual cycle.

21 Q Okay. If a -- or if a woman were seeking a

1 hysterectomy because she was suffering pelvic pain such  
2 that it was getting in the way of her work, would that  
3 hysterectomy be allowed to be performed at St. Joseph?

4 A Yes.

5 Q And would you say that that sort of -- that  
6 sort of issue was a life-threatening condition?

7 A Not immediately life-threatening, but she's  
8 the only one who can tell you how it impacts on her  
9 daily life.

10 Q And what circumstance would you say that  
11 that condition could be life-threatening?

12 A If she were to commit suicide because she  
13 can't live that way, I would consider that  
14 life-threatening.

15 Q If that condition led to such mental  
16 distress that it could lead to suicide, that would be  
17 life-threatening?

18 A If the pain were.

19 Q Dr. Buescher, do you know if hysterectomies  
20 are performed -- strike that. Dr. Buescher, are you  
21 familiar with ovarian cysts?

1 A Yes.

2 Q And what are ovarian cysts?

3 A They are fluid-filled sacs on the surface  
4 of the ovary.

5 Q And can ovarian cysts be either benign or  
6 malignant?

7 A Yes.

8 Q Are -- would you say the benign ovarian  
9 cysts are a medically necessary reason to perform a  
10 hysterectomy?

11 A They are sometimes. Not a hysterectomy.  
12 Excuse me. It has nothing to do with the uterus.

13 Q When you say it has nothing --

14 A I'm sorry. I was thinking -- I was  
15 thinking cystectomy or oophorectomy when you said that.  
16 Ovarian cysts have nothing to do with the uterus.

17 Q Even where --

18 A If they're ovarian cancer, then part of the  
19 therapy is removing the uterus because you remove  
20 everything that could be involved with the ovarian  
21 cancer. But in benign conditions, ovarian cysts have

1 nothing to do with the uterus.

2 Q So benign ovarian cysts would never be a  
3 reason to perform a hysterectomy?

4 A No.

5 Q Dr. Buescher, are you familiar with the  
6 condition known as vulvar dysplasia?

7 A Yes.

8 Q And what is vulvar dysplasia?

9 A It's a pre-skin cancer. Skin pre-cancer.

10 Q And that's presumably on the vulva?

11 A Yes.

12 Q And would -- would you say that vulvar  
13 dysplasia is ever a reason to perform a hysterectomy?

14 A No.

15 Q Dr. Buescher, are you familiar with  
16 fibroids?

17 A Yes.

18 Q And what are fibroids?

19 A They are smooth muscle tumors of the  
20 uterus.

21 Q And fibroids are fairly common. Right?

1 A Yes.

2 Q Would you say fibroids are a fairly common  
3 reason for a patient to get a hysterectomy?

4 A Yes.

5 Q In your opinion, are fibroids a medically  
6 necessary reason to perform a hysterectomy?

7 A They might be. If they're the source of --

8 Q And --

9 A -- excessive bleeding, for example.

10 Q In general, even if they're not a source of  
11 excessive bleeding, would you view fibroids as being a  
12 medically sufficient reason to perform a hysterectomy?

13 A Yes.

14 Q Are surgeons allowed to perform  
15 hysterectomies to treat fibroids at SJMC?

16 A Yes.

17 Q And generally speaking, would you say that  
18 fibroids are a life-threatening condition?

19 A No.

20 Q Dr. Buescher, are you familiar with gender  
21 dysphoria?

1           A           Right. 'Cause it might not have to do with  
2           billing or whatever, or it might just be an oversight.  
3           That's the only qualifier I put on it. If I wanted to  
4           know the whole story, I would go to the chart.

5           Q           Dr. Buescher, I'm going to scroll down here  
6           to the bottom -- okay. Now Dr. Buescher, according to  
7           this spreadsheet, there were approximately 634  
8           hysterectomies performed at SJMC between fiscal year  
9           2017 and fiscal year -- into fiscal year 2022. Right?

10          A           Yeah. It looks that way.

11          Q           Does that number seem accurate to you?

12                   MS. VRABIE: Objection.

13          A           I don't have any sense of how many  
14           hysterectomies were done. I don't keep track of that  
15           personally.

16          Q           As chief of OB-GYN, you have no sense of  
17           how many hysterectomies were performed at the hospital?

18          A           I don't -- no. I don't keep those  
19           statistics.

20          Q           Is it fair to say that about two to three  
21           hysterectomies are performed a week at SJMC?

1 MS. VRABIE: Objection.

2 A My knowledge of it has more to do with my  
3 teaching medical students because they report back to me  
4 with cases they had seen. So I think, typically, it's  
5 probably three to five hysterectomies a week, but it  
6 varies.

7 Q You'd agree that hysterectomies are a  
8 fairly common procedure at SJMC. Right?

9 A Yes.

10 Q And hysterectomies aren't generally  
11 disallowed at SJMC. Right?

12 MS. VRABIE: Objection.

13 A I'm going to say that if there's an  
14 appropriate reason for doing the hysterectomy, then they  
15 are allowed.

16 Q And what qualifies as an appropriate  
17 reason?

18 A The things that we've already discussed.  
19 Some type of disease process or symptomatology for which  
20 a hysterectomy would be appropriate.

21 Q So as long as there is a medically



1 diagnosed condition being treated --

2 MS. VRABIE: Objection.

3 Q -- hysterectomies are allowed at SJMC?

4 MS. VRABIE: Objection.

5 A Yes. I would say yes. In general, that's  
6 correct.

7 Q So, in general, how are surgeries scheduled  
8 at SJMC?

9 A That's a pretty wide question. I'm not  
10 sure what you mean by that, how are they scheduled. A  
11 surgeon decides that a operative procedure is  
12 appropriate for a given individual patient, and a phone  
13 call is made to the posting -- surgical posting officer  
14 at the hospital. And the case with the patient's  
15 demographic information, preoperative diagnosis is  
16 given. Time is assigned.

17 Q And is there any difference between that  
18 general process that you just described and the process  
19 for scheduling hysterectomies?

20 A No.

21 MR. DELMAN: One moment. Pulling that

1 Q And you review the whole chart?

2 A I review the chart -- yes. I may not have  
3 access to the entire chart. They may not be on Epic.  
4 But I will ask to see the office records leading to the  
5 decision to have the surgical procedure.

6 Q So, other than insertions of IUDs, are  
7 there any -- are there any other procedures for which  
8 physician needs to get prior approval from you before  
9 scheduling that procedure?

10 A I don't think so. Not that I can pull off  
11 the top of my head.

12 Q Physicians don't need to get clearance from  
13 you before scheduling a hysterectomy. Right?

14 A No. No, they don't.

15 Q As far as you're aware, physicians don't  
16 need to get clearance from one of SJMC's chaplains  
17 before scheduling a hysterectomy?

18 A No.

19 Q And physicians don't need to get clearance  
20 from Gail Cunningham before scheduling a hysterectomy?

21 A No.

1 Q And as a general matter, physicians don't  
2 need to get clearance from the ethics committee before  
3 scheduling a hysterectomy?

4 A That's correct. They do not have to.

5 Q And in general, I guess sort of from an  
6 administrative perspective, what happens between when a  
7 surgery is posted and when the surgery takes place?

8 A I don't know what you're asking me.

9 Q Are there any forms that need to be  
10 approved or any communications that need to happen  
11 between when a surgery is posted and when the surgery  
12 takes place?

13 A Surgical consent forms have to be signed  
14 before the patient can go to the operating room. If she  
15 needs medical clearance, she needs to achieve that  
16 before she goes to the operating room. Third-party  
17 payer concerns need to be addressed before she goes to  
18 the operating room.

19 Q Do physicians have to seek your approval  
20 for hysterectomies at some point between when a surgery  
21 is posted and when the procedure takes place?

1 A No.

2 Q And do they have to get approval from one  
3 of SJMC's chaplains at some point between a surgery  
4 being posted and it taking place?

5 A No.

6 Q And do they need to get approval from Gail  
7 Cunningham at some point between when the hysterectomy  
8 is posted and when it takes place?

9 A No.

10 Q And do they need to get approval from the  
11 ethics committee at some point between the hysterectomy  
12 is posted and when it takes place?

13 A No.

14 Q Dr. Buescher, do you receive any sort of  
15 report showing which procedures have been posted or will  
16 be performed in your unit?

17 A No.

18 Q Do you receive any sort of notice or  
19 warning or anything when certain CPT or ICD codes are  
20 entered into the hospital system?

21 A I have not to date.

1 Q Are you aware of any -- yes. Are you aware  
2 of SJMC having in place any system that automatically or  
3 manually flags certain CPT or ICD codes?

4 A No. I'm not aware of such a system.

5 Q In general, and putting aside procedures  
6 that involve transgender patients, are you aware of any  
7 procedural hurdles that a patient might face in getting  
8 a hysterectomy at SJMC that they wouldn't face at, say,  
9 GBMC?

10 A No. I'm not aware of any hurdle.

11 Q And just to confirm, a hysterectomy to  
12 treat, say, fibroids will not require any sort of  
13 escalation to management. Right?

14 A Correct.

15 Q And the same for pelvic pain?

16 A Correct.

17 Q Now Dr. Buescher, I know we've already sort  
18 of discussed this document, but you're familiar with a  
19 document known as the Ethical and Religious Directives  
20 for Catholic Health Care Services. Right?

21 A Yes.

1 sessions on the ERDs?

2 A No.

3 Q Do you recall having spoken with any other  
4 sort of religious authorities about the ERDs?

5 A No.

6 Q And I know we discussed this a little bit  
7 already, but what is your general understanding of how  
8 the ERDs fit into the OB-GYN practice at SJMC?

9 MS. VRABIE: Objection.

10 A I believe you're asking what the  
11 restrictions are imposed by the ERDs.

12 Q We -- I -- I'm happy to hear that answer.

13 A We cannot provide contraception. We cannot  
14 perform sterilization procedures. We cannot terminate  
15 pregnancies in terms of the -- what most people's  
16 understandings are of pregnancy termination. Let's see.  
17 What else? I already alluded to the gender affirmation  
18 treatment. And I forgot, which I shouldn't have because  
19 my husband's a reproductive endocrinologist --  
20 reproductive technology.

21 Q Now, to your understanding, do the ERDs

1 prohibit hysterectomies?

2 A No. They don't prohibit hysterectomies.

3 Q Now Dr. Buescher, do you understand the  
4 term life-threatening conditions have any particular  
5 meaning within the context of the ERDs?

6 A No. I don't know what the definition -- I  
7 think that seems like it ought to be obvious, but I  
8 don't know what the definition of that is as regard the  
9 ERDs. I do know that we are -- life-threatening may not  
10 have -- I mean, I don't know the degree to which that's  
11 applied. Is it the most severe degree that it's only if  
12 there's immediate life-threatening, or is it referring  
13 to the well-being of the individual? I -- I don't know  
14 an answer to that. That's why we have an ethics  
15 committee.

16 Q What does it mean -- what does the term  
17 life-threatening condition mean to you?

18 A What it sounds like, that somebody could  
19 die.

20 Q That someone could die in the immediate  
21 term or just at some point?

1 mean?

2 A No.

3 Q Do you recall whether a procedure was to  
4 treat a life-threatening condition or not ever coming  
5 you for discussion on the ethics committee?

6 A No.

7 Q Dr. Buescher, is it your understanding that  
8 the ERDs prohibit you and other physicians from  
9 performing hysterectomies unless it is to treat a  
10 life-threatening condition?

11 A My understanding has been that it's -- we  
12 can't use hysterectomies to treat nonmedical conditions.  
13 I personally have never used the term life-threatening.

14 Q And so, what would -- what does a  
15 nonmedical reason mean?

16 A Well, according to the Catholic Church,  
17 that would be sterilization --

18 Q So to --

19 A -- or the ERD -- yeah. I mean,  
20 sterilization is prohibited by the ERDs. You can say  
21 that sterilization is not a life-threatening or on -- I



1 Church doesn't recognize it.

2 Q In your -- putting aside the Catholic  
3 Church, is it your understanding as a medical  
4 professional that gender dysphoria is a medical  
5 condition?

6 A Yes.

7 Q Just to confirm, physicians aren't required  
8 to certify or verify that a patient suffers from a  
9 life-threatening condition before scheduling a  
10 hysterectomy. Right?

11 A Yes. That's correct.

12 Q Putting aside procedures involving  
13 transgender patients, are you aware of any hysterectomy  
14 that has not been permitted to occur because of the  
15 ERDs?

16 A Not that I'm aware of.

17 Q And putting aside procedures involving  
18 transgender patients, are you aware of any discussion of  
19 whether a specific hysterectomy was compliant with the  
20 ERDs?

21 MS. VRABIE: Mr. Delman, just to confirm,

1 A No. I don't recall that terminology.

2 Q Do you recall it being referred to as a  
3 Catholic identity and ethics review?

4 A No. That was informal terms on my part. I  
5 don't know what it was officially called.

6 Q As part of the identity and ethics audits,  
7 are you aware of either you or anyone else at the  
8 hospital having the responsibility to report data on  
9 hysterectomies performed at SJMC to the National  
10 Catholic Bioethics Center?

11 A I'm not aware of that. No.

12 MR. DELMAN: One moment. This is UMMS 45.  
13 This is marked as Plaintiff's Exhibit 6.

14 (Buescher Exhibit 6 was marked for  
15 identification.)

16 Q Dr. Buescher, I'll represent to you that  
17 this was attached to the e-mail that I just showed you  
18 before from Mr. Riddle to yourself.

19 A Okay.

20 Q Dr. Buescher, do you recall ever seeing  
21 this spreadsheet before?

1 A I don't remember seeing it.

2 Q And here, Dr. Buescher. I'll actually give  
3 you control so you can scroll through this yourself if  
4 you'd like, if you want to take a scroll through the  
5 different --

6 A Mm-hmm.

7 Q Take a look.

8 A Okay.

9 Q Okay. Dr. Buescher, you can see here that  
10 the -- that this spreadsheet requests information on  
11 gender transition diagnoses. Right?

12 A Yes.

13 Q So as far as you can see, this spreadsheet  
14 does not request any information on hysterectomies.  
15 Right?

16 A I don't see that it does.

17 MR. DELMAN: And here. I'll go back. One  
18 moment. These are the times when you wish that this was  
19 in person instead of remote. It's a little bit easier  
20 some. I'm getting -- telling me to wait, so, apologies.  
21 Okay.

1 MR. DELMAN: One moment.

2 Q Hey, Dr. Buescher, have you been in touch  
3 with Mr. Riddle at all since he left SJMC?

4 A No.

5 MR. DELMAN: All right. This is UMMS 47.  
6 This will be marked as Plaintiff's Exhibit 8.

7 (Buescher Exhibit 8 was marked for  
8 identification.)

9 Q Dr. Buescher, this is a Outlook invite  
10 showing a meeting between yourself, Drs. Smyth,  
11 Cunningham, and Adashek for January 30th, 2020, to  
12 discuss the transgender issue. Right?

13 A Yes.

14 Q I believe we discussed this meeting at the  
15 beginning of this deposition. Right?

16 A I don't think we actually discussed it  
17 other than to acknowledge it.

18 Q Dr. Buescher, do you recall if anyone other  
19 than yourself and Drs. Smyth, Cunningham, and Adashek  
20 were in attendance at this meeting?

21 A I know -- not -- not as a specific memory.

1 Q Do you recall if Mr. Riddle was at this  
2 meeting?

3 A You know, I seem to think he was, but he's  
4 not on the invite and I couldn't swear to it.

5 Q In your own words, why don't you tell me  
6 what you recall occurring at this meeting?

7 A Well, it was really just a discussion with  
8 Dr. Adashek about the application of  
9 gender-transformative treatment and its proscription in  
10 a Catholic care facility. I believe this was both for  
11 edification purposes. Transgender affirmation is not  
12 specifically discussed in the hard-copy ERDs, so this  
13 was a way of essentially communicating. It was also a  
14 chance to give Dr. Adashek his views on the  
15 circumstance, which he did. And it wasn't anything more  
16 specific than that.

17 Q And was this meeting prompted by the  
18 cancellation of Plaintiff's hysterectomy?

19 A I think it was prompted more by the patient  
20 complaint.

21 Q Tell me more about the patient complaint.

1 What -- what is your understanding of the complaint that  
2 the patient made?

3 A I did not see it myself, but I do know that  
4 the patient was upset that he had taken time off to have  
5 the surgery done, and the date of the surgery then fell  
6 out of -- of possibility, could not be changed to a  
7 different hospital so quickly; and the fact, I would say  
8 -- the -- the discomfort of finding out the day that you  
9 are going to have surgery that your surgery was not  
10 going to be performed. So dissatisfaction with St.  
11 Joseph Medical Center on that basis.

12 Q And to your understanding this was a formal  
13 written complaint that was made?

14 A I don't recall ever seeing it.

15 Q Was -- was Plaintiff's hysterectomy  
16 discussed during this meeting?

17 A I believe the reason why it was canceled  
18 was discussed.

19 Q And what was the reason given for why it  
20 was discussed [sic] -- why it was canceled?

21 A The fact that surgery for gender

1 affirmation is not performed in a Catholic facility.

2 Q Dr. Buescher, what was your reaction to  
3 learning of Mr. Hammons' dissatisfaction with SJMC?

4 A I'm sorry. Can you ask that again?

5 Q Of course. Yeah. What was your reaction  
6 to learning of Mr. Hammons' complaint about SJMC?

7 A I was sorry that we had inconvenienced him  
8 in this way.

9 Q Dr. Buescher, did you exchange e-mails with  
10 anyone at SJMC about the meeting that's here in this  
11 document either before or after it occurred?

12 A I don't have any memory of doing so other  
13 than accepting it.

14 Q And do you recall texting with anyone at  
15 SJMC about this meeting either before or after it  
16 occurred?

17 A No. Not as a -- not as a recall.

18 Q In general, do you communicate by text?

19 A I don't communicate by text by anything  
20 that should be considered to be protected health care  
21 information.